1093

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

10/043440

	01 41140 4	<b>a</b> =						<u> </u>
	CLAIMS A	S FILED - PART ( (Column 1)	(Column 2)	SMALL TYPE	ENTITY			NAHT F
	TOTAL CLAIMS		COMMY 2	RATE	FEE	OR ] [	SMALL RATE	FEE
	FOR	NUMBER FILED	NUMBER EXTRA	BASIC FE	10-	OR	BASIC FEE	1
	TOTAL CHARGEABLE CLAIMS	minus 20=	*	X\$ 9=		OR	X\$18=	
	INDEPENDENT CLAIMS	minus 3 =	*	X42=	112	-	X84=	<del>                                     </del>
$\ $	MULTIPLE DEPENDENT CLAIM PR	RESENT			40	OR		
	* If the difference in column 1 is I	ess than zero, enter	"0" in column 2	+140=	<del>                                     </del>	OR	+280=	
١		MENDED - PART	•	TOTAL	42	OR	TOTAL OTHER	THAN
r	(Column 1)	(Colum	n 2) (Column 3)	SMALL	ENTITY (	OR :	SMALL E	
	REMAINING AFTER	HIGHE NUMBE PREVIOU	ER PRESENT	RATE	ADDI- TIONAL		RATE	ADDI- TIONA
	AMENDMENT Total	PAID FO	C/(11)//	-	FEE	-		FEE
	Independent * 2	Minus ** O	) = // )   [.   - // )	X\$ <b>b</b> =		OR _	X\$18=	
* C	FIRST PRESENTATION OF MUI		CLAIM	X42=		OR	X84=	
				+140=	1	R -	+280=	
(	11.12			TOTAL ADDIT. FEE	· C	R AD	TOTAL DIT. FEE	
_	(Column 1)	(Column HIGHES		<del> </del>	·			
AMENDMENT B	REMAINING AFTER AMENDMENT	NUMBEI PREVIOUS PAID FO	SLY EXTRA	RATE	ADDI- TIONAL		RATE 1	ADDI- FIONAL
Ĭ Q	Total * 9 M	linus **	) = 6	X\$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	FEE		(\$18=	FEE
	Independent * L	linus ***	F = (/)	X42=	OI	<u>`</u>	(84=	
۹ —	FIRST PRESENTATION OF MULT	TIPLE DEPENDENT CL	AIM .	A42=	01	$^{3}$ $\stackrel{\wedge}{\vdash}$	184=	
		· .		+140=		7 +	280=	
7	ludou			TOTAL ADDIT. FEE	OF	ADD	TOTAL IT. FEE	
<u>.</u>	(Column 1)	(Column :						· .
) -	REMAINÌNG AFTER	NUMBER PREVIOUSI	LY EXTRA	RATE T	ADDI- IONAL	R		ADDI- IONAL
<u> </u>	Total AMENDMENT	PAID FOR			FEE	-		FEE
	J	nus *** U		X\$ 9=	OR	X	618=	
	FIRST PRESENTATION OF MULTI		AIM 🗍	X42=	66 OR	X	84=	
	£ AL		······································	+140=	OR	+2	80=	
- 1	f the entry in column 1 is less than the en if the "Highest Number Previously Paid Fo	or" IN THIS SPACE is less	than 20, enter "20 "	TOTAL ADDIT. FEE	27 OR		TOTAL T. FEE	
7	lf the "Highest Number Previously Paid Fo The "Highest Number Previously Paid For	or" IN THIS SPACE is less " (Total or Independent) is	i inan 3. enter "3 "		oriate box in co			

NEW PARE-

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

[2]

Effec	tive January 1, 2003			10	10	43	147
CLAIMS AS FILED - PART I			SMALL ENTITY			OTHE	AHT R
TOTAL CLAIMS	(Column 1) (C	Column 2)	TYPE [		OR	SMAL	L ENTIT
		es de deserviciones de la companya d	RATE	FEE		RATE	FE
FOR	NUMBER FILED NL	JMBER EXTRA	BASIC FE	¥375	OR	BASIC FE	₽ \$750
TOTAL CHARGEABLE CLAIMS	minus 20= *		X\$ 9=		OR	X\$18=	1
INDEPENDENT CLAIMS	minus 3 = *	<b>V</b>	X42=	11/	1 1	X84= .	11
MULTIPLE DEPENDENT CLAIM PF	RESENT			$\mathbb{A}$	OR		11/
* If the difference in column 1 is I	ess than zero, enter "0" in	a column 2	+140=	,	OR	+280=	( ,
		·	TOTAL		OR	TOTAL	
5 17 (Column 1)	MENDED - PART II (Column 2)	(Column 3)	SMALLI	ENTITY	OR	OTHER SMAŁL	THAN
CLAIMS	HIGHEST		J.III.	ADDI-	ı r	JIIALL	ADDI
Total + 25 Independent + 5	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONA
Total + 28	Minus # 29		×\$ <b>9</b> =	PEE	-	X\$\\8=	FEE
Independent * 5	Minus ***		$\overline{}$		OR		
FIRST PRESENTATION OF MUL	TIPLE DEPENDENT CLAIR	и 🗀	X42=		OR	X84=	_
			+140=		QR	+280=	\ \
	•	AC	TOTAL DIT. FEE		OR AE	TOTAL DDIT. FEE	
(Column 1)	(Column 2)	(Column 3)				•	
CLAIMS REMAINING AFTER	HIGHEST NUMBER	PRESENT		ADDI-			ADDI-
AMENDMENT	PREVIOUSLY PAID FOR	EXTRA	RATE 1	IONAL FEE		RATE	TIONAL FEE
Total * M	linus ** 29	= .	X\$ 9=		OR )	<b>K\$18</b> =	
	linus ***	=	X42=		OR I	X84=	
FIRST PRESENTATION OF MULT	IPLE DEPENDENT CLAIM						
	•	. [+	140=		)R +	280=	•
		ADD	TOTAL DIT. FEE		R ADI	TOTAL DIT. FEE	
(Column 1)	(Column 2)	(Column 3)					
REMAINING AFTER	NUMBER	PRESENT.		DDI-			ADDI-
AMENDMENT	PREVIOUSLY PAID FOR	EXTRA		ONAL FEE		RATE 1	ΓΙΟΝΑL FEE
Total * Mir	nus **	= X	\$ 9=	0	вХ	\$18=	
Independent * Mir		=	42=			(84=	
FIRST PRESENTATION OF MULTI	PLE DEPENDENT CLAIM		76=	0	₽\	.04=	
f the entry in column 1 is less than the and			40=	OI	7 +2	280=	
f the entry in column 1 is less than the ent if the "Highest Number Previously Paid Fo	or" IN THIS SPACE is less than	20 enter "20 " -	TOTAL T. FEE	OI	الماملا	TOTAL T. FEE	
If the "Highest Number Previously Paid Fo The "Highest Number Previously Paid For	or" IN THIS SPACE is less than	3 enter *3 "		iate box in			

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PTC/SE/30 (09-04)
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U.S. Patient and Trademark Office( U.S. DEPARTMENT OF COMMERCE

United the Fabrica	Request	Application Number	10/043,440				
	For Continued Examination (RCE) Transmittal						
Continu			January 10, 2002				
. Contino			tor MARANAS, Costas D. et al				
Address to:			1631				
			MORAN, Marjorie A.				
P.O. Box 1450	(3/0/10)	Examiner Name					
Alexandria, VA 22313	-1450	Attorney Docket Number   P05468US1   P0546					
Request for Continued E	quest for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any ut as, or in any dealen application. See Instruction Sheet for RCEs (not to be submitted to the US		y or plant application filed prior to June 6, PTO) on page 2.				
.1 Submission requi	equired under 37 C.F.R. § 1.114 Note: If the RCE is proper, any previously filed unentered amendments and						
epplicant does not	losed with the RCE will be entered in the order in which they were tied unless applicant instructs otherwise, if It wish to have any previously filed unentered amandment(e) entered, applicant must request non-entry of such						
amendment(s).	ly submitted. If a final Office action is outstanding, ar						
consider	ed as a submission even if this box is not checked.						
! ==	ii Consider the arguments in the Appeal Brief or Rely Brief previously filed on						
b. A Englosed	· <del></del>						
	endment/Repty Ø. [	Information Disclosure Statement (IDS)					
II Affic	favit(e)/Declaration(6) iv.	Other					
2. Miscellaneous	2. Miscellaneous						
5 Suspensi	A Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a						
·	period of						
04/14/2005 TJOHNSO4_04680905_	<u>26</u> 0084 10043440						
	• • • • • • • •	t. § 1.17 (a) is required by \$7 C.F.R. § 1.114 when RCE is filed.					
	a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to  Deposit Account No. <u>26-0084 = \$395.00 + \$60.00 (ext of time) = \$455.00</u> RCE les required under 37 C.F.R. § 1.17 (e)						
	ension of time fee (37 C.F.R. §§ 1.138 and 1.17) - §	0.00					
	er	,					
C. Payment	C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit						
card Information and	authorization on PTO-2038.						
	SIGNATURE OF APPLICANT, ATTO	Date	March 17, 2005				
Signature	John D. Boooki						
Name (Print/Type)	JOHN D. GOODHUE	Registration No.	47,603				
I harabi anath i tank tha	CERTIFICATE OF MAILING		Miniori poetano so first class mail in an articlano				
addressed to: Mail Stop I	sorbly that this correspondence is being deposited with the United States Postel Service with sufficient postage as first class mail in an envelope of to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and it Office on the gate shown below.						
Signature	John D Localium						
Name (Print/Type)	JOHN D. GOOHUE	Date March	17, 2005				

This collection of information is required by 57 CFR 1.114. The Information is required to obtain or retain a benefit by the public which is in the Land by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and ST CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Critic Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Ideal Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.